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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Stacie First name  M Middle name		First name  Middle name
	Bring your picture identification to your meeting with the trustee.	Burtner Last name and Suffix (Sr., Jr., II, III)	-	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names.	FKA Stacie Kent Mostacchio		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0382		

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Case number (if known)

Debtor 1 Stacie M Burtner

		About Debtor 1:	Ak	pout Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years  Include trade names and doing business as names		■ I have not used any business name or EINs.  Business name(s)	☐ I have not used any business name or EINs.  Business name(s)			
		EINs	EI	Ns		
5.	Where you live	6241 S Austin Ave	lf !	Debtor 2 lives at a different address:		
		Chicago, IL 60638  Number, Street, City, State & ZIP Code	Nu	Number, Street, City, State & ZIP Code		
		Cook County	Co	bunty		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	lf I	Debtor 2's mailing address is different from yours, fill it here. Note that the court will send any notices to this ailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Nu	umber, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	CH	have lived in this district longer than in any other district.		

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Case number (if known) Debtor 1 Stacie M Burtner

ar	Tell the Court About	Your B	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are choosing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7						
		□с	hapter 11					
		□с	hapter 12					
		□с	hapter 13					
3.	How you will pay the fee		about how yo	u may pay. Typ attorney is subr	ically, if you are paying the fee yo	k with the clerk's office in your local court for rourself, you may pay with cash, cashier's checalf, your attorney may pay with a credit card or	k, or money	
					allments. If you choose this options (Official Form 103A).	on, sign and attach the Application for Individu	als to Pay	
			I request tha	t my fee be wa	ived (You may request this optio	n only if you are filing for Chapter 7. By law, a		
			applies to you	ır family size an	d you are unable to pay the fee i	our income is less than 150% of the official pown installments). If you choose this option, you re		
			the Applicatio	n to Have the C	Chapter 7 Filing Fee Waived (Office	cial Form 103B) and file it with your petition.		
<u> </u>	Have you filed for	_						
<i>,</i> .	bankruptcy within the	■ No						
	last 8 years?	□ Ye						
			District		When	Case number		
			District		When	Case number		
			District		When	Case number		
10.	Are any bankruptcy	■ No						
	cases pending or being filed by a spouse who is	Y€						
	not filing this case with you, or by a business partner, or by an affiliate?		55.					
			Debtor	-		Relationship to you		
			District		When	Case number, if known		
			Debtor			Relationship to you		
			District		When	Case number, if known		
11.	Do you rent your residence?	■ No	■ No. Go to line 12.					
		□Y€	es. Has yo	ur landlord obta	nined an eviction judgment agains	st you?		
				No. Go to line	12.			
				Yes. Fill out Inithis bankruptcy		Judgment Against You (Form 101A) and file it	as part of	

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Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

# ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	Stacle M Burtner				Case number (	r known)		
Part	6: Answer These Quest	ions for R	eporting Purposes					
16.	What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			☐ No. Go to line 16b.					
			Yes. Go to line 17.					
		16b.	<b>Are your debts primarily business debts?</b> Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.					
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.	☐ Yes. Go to line 17.				
		16c.	State the type of debts you	owe that are not consumer de	ebts or business	debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go to line 18.					
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		<b>1</b> 25,001-50,000		
	you estimate that you owe?	□ 50-99	•	5001-10,000		☐ 50,001-100,000		
		☐ 100-1 ☐ 200-9		☐ 10,001-25,000		☐ More than100,000		
19.	How much do you estimate your assets to	\$0 - \$	550,000	□ \$1,000,001 - \$10 r		□ \$500,000,001 - \$1 billion		
	be worth?	□ \$50,001 - \$100,000 □ \$100,001 - \$500,000		□ \$10,000,001 - \$50 □ \$50,000,001 - \$10		☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion		
			,001 - \$500,000 ,001 - \$1 million	□ \$100,000,001 - \$5		☐ More than \$50 billion		
20.	How much do you estimate your liabilities	\$0 - \$		□ \$1,000,001 - \$10 r		□ \$500,000,001 - \$1 billion		
	to be?	■ \$50,001 - \$100,000 □ \$100,001 - \$500,000		□ \$10,000,001 - \$50 □ \$50,000,001 - \$10		□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion		
		`	,001 - \$300,000 ,001 - \$1 million	□ \$100,000,001 - \$5		☐ More than \$50 billion		
Part	7: Sign Below							
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.						
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter United States Code. I understand the relief available under each chapter, and I choose to proceed								
If no attorney represents me and I did not pay or agree to pa document, I have obtained and read the notice required by					n attorney to help me fill out this			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  I understand making a false statement, concealing property, or obtaining money or property by fraud ir bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S and 3571.				ed in this petition.				
		Stacie N	ie M Burtner M Burtner e of Debtor 1	Signa	ature of Debtor 2			
		Executed	d on	Exec	cuted on MM / I	DD / YYYY		

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Thomas G. Stahulak Signature of Attorney for Debtor	Date	June 5, 2018 MM / DD / YYYY			
Thomas G. Stahulak 6288620 Printed name					
Stahulak & Associates, L.L.C. / GetFiled					
53 W. Jackson Blvd., Suite 652 Chicago, IL 60604					
Number, Street, City, State & ZIP Code  Contact phone (312) 662-1480	Email address	ecf@stahulakandassociates.com			
6288620 IL Bar number & State					

Ally Financial PO BOX 380901 Minneapolis, MN 55438

Cavalry Portfolio Services Attn: Bankruptcy Department 500 Summit Lake Ste 400 Valhalla, NY 10595

Comenity Bank PO Box 182789 Columbus, OH 43218

Credit One Bank PO BOX 60500 City Of Industry, CA 91716

Daniel J. Hirsen, M.D., LLC P.O. Box 7389 Prospect Heights, IL 60070-7389

First Savings Credit Card Po Box 5019 Sioux Falls, SD 57117

Ford Motor Credit PO Box 542000 Omaha, NE 68154

Hawthorne Architectural REG 2491 Paxton St. Harrisburg, PA 17111

HSBC BANK USA NA P.O. Box 2013 Buffalo, NY 14240

LVNV Funding/Resurgent Capital Po Box 10497 Greenville, SC 29603

M3 Financial Services 10330 W Roosevelt Rd. Suite 200 Westchester, IL 60154 MacNeal Health Network 3249 South Oak Park Ave Berwyn, IL 60402

MacNeal Hospital 3249 S. Oak Park Ave.□□ Berwyn, IL 60402

MacNeal Hospital 9039 Collection Ctr Dr Chicago, IL 60693

McNeal Healthcare 2368 Paysphere Circle Chicago, IL 60674

MCNEAL HOSPITAL 75 Remittance Dr, Ste 1209 Chicago, IL 60675

Meyer & Njus, P.A. 33 N. Dearborn St., STE 1301 Chicago, IL 60602

Midland Funding 2365 Northside Dr Ste 300 San Diego, CA 92108

Syncb/hhgreg Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Synchrony Bank P.O. Box 965004 Orlando, FL 32896-5004

Synchrony Bank 200 Crossing Blvd Suite 101 Bridgewater, NJ 08807

Synchrony Bank/Sams Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Dept Po Box 965060 Orlando, FL 32896

Target Card Services Mail Stop NCB-0461 Minneapolis, MN 55440

Universal Fidelity Po Box 219785 Houston, TX 77218

Watermark Physician Services 7222 W Cermak Rd Ste 301 Riverside, IL 60546